



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Durable Medical Equipment and Supplies providers participating in the Virginia Medical Assistance Program, Managed Care Organizations and holders of the Durable Medical Equipment and Supplies Medicaid Provider Manual MEMO: Update

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services DATE: October 17, 2007

SUBJECT: Update to Second Edition of the Durable Medical Equipment and Supplies Provider Manual

The purpose of this memorandum is to update providers regarding changes to Chapters III, IV, V, and VI and the Appendix D of the Durable Medical Equipment and Supplies Manual. **Please note: there have been minor content changes added to the EPSDT and Claims sections of this memo since its original publication on October 12, 2007.** Chapter IV has changes/deletions to the following sections: Enteral, Incontinent Supplies, Pull-ups and Therapeutic Bed and Mattresses. Chapter V (Billing Instructions) has been updated to reflect changes in the general billing instructions. Specifically, DMAS is replacing a significant amount of text in Chapter V with new text to address changes due to the implementation of the National Provider Identifier (NPI) number. The changes being made to Chapter VI are to clarify the utilization review process with emphasis on the requirements for delivery and proof of delivery. All revisions are now available on the DMAS website: www.dmas.virginia.gov.

Durable Medical Equipment and Supplies Program Update

The HCPCS codes for Nutritional Supplements were updated in Appendix B of the Durable Medical Equipment and Supplies Manual on August 30, 2007. The new HCPCS codes are retroactively effective, July 1, 2006. Many of the HCPCS codes have fees listed. Some HCPCS codes do not have fees and indicate a fee of 'UCC,' which is the provider's usual and customary charge to the public. For these nutritional supplement codes, preauthorization is **not** required to determine a payment amount. Instead, the provider must submit an invoice with the claim documenting the usual and customary charge to the general public. Please see the Appendix B for a list of all the updated HCPCS codes.

Effective 10/1/07, enteral nutrition for all children under age 21 is carved out of the MCO contract and is covered under the DMAS Fee-for-Service Program within the DMAS established criteria and guidelines.

Billing Calculations for Nutritional Supplements

The following information may be used to assist in determining the units to bill. To convert a product from cans or containers the following formula may be used:

Example: 30 cans of Brand X non-routine formula are provided per month, each can contains 640 calories each. To convert the units to bill:

$30 \times 640 = 19200$ calories. 19200 calories divided by $100 = 192$ units

192 is the number of units to enter on the claim.

To determine the charges to bill for the UCC codes:

The provider's usual and customary charge to the public per can is \$8.00. For example:

$30 \text{ cans} \times \$8.00 \text{ per can} = \240.00 . The provider charge on the claim would be \$240.00.

Early Periodic Screening Diagnosis and Treatment (EPSDT) Update

The Early Periodic Screening Diagnosis and Treatment (EPSDT) program allows the Virginia Department of Medical Assistance Services (DMAS) to provide medically necessary formula and medical foods to EPSDT eligible children under the age of 21 based on medical necessity. The current DMAS Durable Medical Equipment (DME) provider manual defines EPSDT formula approval criteria in Chapter 4 of that manual. Routine infant formula is not covered. DMAS will reimburse for medically necessary formula and medical foods when used under physician direction to augment dietary limitations or provide primary nutrition to individuals via enteral or oral feeding methods.

Medical formula and nutritional supplements must be physician recommended to correct or ameliorate a health condition that requires specialized formula and medical foods to supplement diet due to metabolic limitations or provide primary nutrition to individuals via enteral or oral feeding methods. Enrollees under the age of 5 may receive medical formula and nutritional supplements through either a local Women, Infants and Children (WIC) office or a DMAS enrolled DME provider. If the individual is enrolled in the WIC program, they also receive nutrition education services and checkups as well as referrals to other services that can help the family. Individuals enrolled in Medicaid may already financially qualify for WIC. When a local WIC office provides the formula for children under the age of 5 then the WIC program forms are used to document medical necessity.

To obtain formula through a DMAS enrolled DME provider, the physician must document medical necessity by using the Certificate of Medical Necessity (DMAS 352) and the Nutritional Status Evaluation (DMAS 115) form when the family uses a DME provider to provide the medical formula.

Provision of medically necessary formula and medical foods for children under the age of 21 is not required of DMAS contracted MCO's as this service is carved out from the DMAS Managed Care Contract.

Referral Process:

- The enrollee should contact their physician or metabolic treatment center to determine the medical need for medical formula or medical foods.
- Children under 5 years who require medical formula may use either DMAS DME providers or a local Women, Infants, and Children (WIC) office for dispensing the medical formula (individual must be enrolled in WIC to receive formula through WIC) .
- For all children aged below 5 years that are being served by the local WIC office, the physician will complete the required WIC documents for providing medical formula to WIC eligible children. WIC offices will provide the medical formula.
- Children aged 5 or older must receive medical formula and nutritional supplements through DMAS enrolled DME providers.

- The Certificate of Medical Necessity (DMAS-352) and Nutritional Assessment (DMAS-115) forms must be completed by a regional metabolic treatment center or a primary care physician.
- Deliver the forms to the DME provider.
- The DME provider will provide the formula according to the DME manual specifications and retain the DMAS 352 and nutritional assessment forms.
- Formula that is not priced in appendix B of the DME manual will be reimbursed at the amount of the provider's usual and customary charge.

Claims Information:

Providers should follow the durable medical equipment billing process as described in the most current durable medical equipment provider manual.

Claims for Fee-For-Service/Medallion enrollees should be sent to:

Department of Medical Assistance Services
Practitioner
P. O. Box 27444
Richmond, Virginia 23261-7444

On the CMS-1500 (08-05) form, enter "ATTACHMENT" in Locator 10D and indicate "Unusual Service" by entering Procedure Modifier "22" in Locator 24D. Attach the invoice for the product and clarify the unit price in the invoice attachment.

| Procedure Code | Rate or IC |
|-----------------------|---|
| B4102 –B4162 | See Appendix B “Durable Medical Equipment and Supplies Listing” for fee information |
| S9434 | IC |
| S9435 | IC |

COMMUNICATION TO DME PROVIDERS

DMAS has designed an email address specifically for providers to email questions about DME to DMAS (dme@dmass.virginia.gov). These questions should pertain to policies, codes, or rates and should not pertain to preauthorizations, as these questions should continue to be directed to the preauthorization contractor, KePRO. See Appendix D of the Durable Medical Equipment and Supplies Manual for more information regarding preauthorization.

To subscribe to this email address, send an email to dme@dmass.virginia.gov. On the subject line of the e-mail form, type, “subscribe” (without the quotes). This is an automated system. If you put anything else on the subject line, you will not be added to the list. Please include “recipient”, “provider”, or “other”, whichever best describes you, in the body of your e-mail. To unsubscribe, send an email to DMAS dme@dmass.virginia.gov. On the subject line of the email form, type, “unsubscribe” (without the quotes).

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.

The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

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|----------------|-----------------|
| 804-786-6273 | Richmond area |
| 1-800-552-8627 | All other areas |

Please remember that the "HELPLINE" is for provider use only.

Attached Number of Pages: (1)

DURABLE MEDICAL EQUIPMENT AND SUPPLIES MANUAL

REVISION CHART

October 17, 2007

SUMMARY OF REVISIONS

| MANUAL SECTION | MATERIAL REVISED | NEW PAGE NUMBER(S) | REVISED PAGE(S) | REVISION DATE |
|---------------------------|-----------------------------|-------------------------------|----------------------------|--------------------------|
| Appendix D | Entire Section | Entire Section | Entire Section | 10/17/2007 |
| Chapter III | Entire Chapter | Entire Chapter | Entire Chapter | 10/17/2007 |
| Chapter IV | Entire Chapter | Entire Chapter | Entire Chapter | 10/17/2007 |
| Chapter V | Entire Chapter | Entire Chapter | Entire Chapter | 10/17/2007 |
| Chapter VI | Entire Chapter | Entire Chapter | Entire Chapter | 10/17/2007 |

FILING INSTRUCTIONS

| MANUAL SECTION | DISCARD | INSERT | OTHER INSTRUCTIONS |
|---------------------------|-----------------|-----------------|-------------------------------|
| Appendix D | Old Appendix D | New Appendix D | |
| Chapter III | Old Chapter III | New Chapter III | |
| Chapter IV | Old Chapter IV | New Chapter IV | |
| Chapter V | Old Chapter V | New Chapter V | |
| Chapter VI | Old Chapter VI | New Chapter VI | |